



Brillion Public Schools Extended Day School Program Student Questionnaire

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender M F (circle one) Grade in School: \_\_\_\_\_

1. What is your favorite thing to do out of school?

\_\_\_\_\_

2. What is your least favorite thing to do out of school?

\_\_\_\_\_

3. What are you good at?

\_\_\_\_\_

4. What do you wish you could do that you currently cannot do?

\_\_\_\_\_

**Academic**

1. What do you like to do at school?

\_\_\_\_\_

2. What is your favorite class? What is your least favorite class?

Favorite: \_\_\_\_\_ Least: \_\_\_\_\_

3. What subject is easy for you? What subject is hard for you?

Easy: \_\_\_\_\_ Hard \_\_\_\_\_

4. Do you enjoy reading or listening to stories? \_\_\_\_\_

## Personal/Social Development

1. How would you describe yourself?

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2. What are the best things about you?

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3. What do you like to do around the house?

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4. Do you have any chores or responsibilities in your house or family?

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5. What do you like to do as a family?

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6. Is there any family members you do not get along with?

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7. In your family, who do you talk to when you have a problem?

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8. What helps you feel better when you are having a problem?

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9. What do you want to do when you grow up?

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## Healthy Active Living

1. What are you interested in, what are your special skills or hobbies?

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2. Do you belong to any groups, sports, or clubs? Yes or No

A. Groups \_\_\_\_\_

B. Sports \_\_\_\_\_

C. Clubs \_\_\_\_\_

3. How do you usually spend your free time?

\_\_\_\_\_

4. If you could have 3 wishes, what would they be?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

Thank you.